Name in Full

Certificate of Death

Mary Watkins Bowes

Died at Town: Wyattville County: Prince Georges MARYLAND

Date 1898 Month: Dec Day: 22 | Age Y.: 90 M.: 5 D.: 23 | Native of: Penn | Occupation: Housekeeper

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Widow ~~Divorced~~ | ~~Single~~ Widower | Number of children living: two

Husband ~~Wife~~ James Bowes (dec'd)

Father's Name: A Webbman (maiden name unknown) | Mother's Name: German (maiden name unknown)

Cause of Death — Primary: Senile debility 14 yrs. | Immediate:

How long sick: six months

~~Accident Suicide Homicide~~

Reported by: Chas A Rice M D

Address: Wyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5968

Name in Full

Booze

Certificate of Death

Died at Friendly (Town) Prince George's (County) MARYLAND

Date 1898 Month 2 Day 26 | Age Y. 28 M. D. | Native of Charles Co | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living One

~~Husband~~ Wife of James Smith

Father's Name Henry Boone | Mother's Name Eliza Boone

Cause of Death: Primary Bright's disease, acute nephritis 9 days

Immediate Anasarca

How long sick 12 weeks

~~Accident, Suicide, Homicide~~

Reported by E. P. Simpson M. D.

Address OXEN HILL, Pr. Geo. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Ellen Chisley

Certificate of Death

Died at Town Aquasco - County Prince Geo MARYLAND

Date 189 8 Month Dec Day 29 | Y. 80 M. D. | Native of Maryland | Occupation none

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife Not Known 141

Father's Name Not Known | Mother's Name Not Known

Cause of Death: Primary Failure of vitality | How long sick Several Months

Immediate Anorexia + Starvation | Accident, Suicide, Homicide

Reported by Wm. A. Marbury M. D.,

Address Aquasco Prince Geo Co.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Judson Edwards

Certificate of Death

Died at Town Clinton County P. G. Co. MARYLAND

Date 1898 Month Dec Day 10th | Age Y. 84 M. + D. + | Native of Chas. Co-Md.-home | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of —

Father's Name +

Mother's Name +

Cause of Death: Primary Dropsy Coeval 74

Immediate Congestion lungs.

How long sick 3 days

Accident, Suicide, Homicide

Reported by J. L. Wanzer

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mrs. Barnes Compton

Died at Laurel (Town) — Pr. Geo's (County) — MARYLAND

Date 1895 — Month 12 — Day 2 — Age Y. 68 M. D. — Native of Chas Co. — Occupation

Male — White — Married — ~~Widow~~ — Divorced

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living 6

~~Wife~~ Husband of Margaret Holliday Sothoron

Father's Name Wm. Penn Compton — Mother's Name Mary Ky (Barnes) Compton

Cause of Death — Primary: Paralysis 4 4 — How long sick 2 weeks

Immediate

Accident, Suicide, Homicide

Reported by Evening Capital 12-2

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Wm. Whitehead, Undertaker,

Laurel

Rev. J. A. Johnstone, St. Philip's P. E. Ch.,
Laurel, Md.

Rev. Walter A. Mitchell, St. John's Ch.,
Beltsville.

Dr. John Cronmiller, Laurel.

Name in Full

Certificate of Death

Robert Dean

Died at Town: near Allentown County: Pr. Ges. MARYLAND

Date 189 8 Month: 12 dec Day: 17 dec Age Y. 61 M. yr D. Native of: Pr Ges. Co. Occupation: Farmer

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~

Number of children living Six

Husband / Wife of Lizzie Dean

Father's Name

Mother's Name

Cause of Death — Primary: Senility 34 — How long sick: 2 weeks

Immediate: Drink Habit + exposure — ~~Accident, Suicide, Homicide~~

Reported by

E. P. Simpson M. D.
Oxford, Md.
Pr. Geo. Co. Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full

Georgiana Johnston Hawkins

Certificate of Death

Died at Town: J.B. County: Prince Georges MARYLAND

Data 1898 Month: Dec Day: 18 | Age Y. 35 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Husband~~ Wife of Henson Hawkins

Father's Name Alexander Johnston | Mother's Name Ann Hallon

Causa of Death — Primary: Pulmonary Tuberculosis — How long sick

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by John A Cox M.D.

Address J.B. Prince Georges Co. Md

Must ba signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full _____ Johnson -

Certificate of Death

Died at Town Upper Marlboro County Prince George Co - MARYLAND

Date 189 8 Month 12 Day 17 Age ~~Y.~~ 12 ~~M.~~ ~~D.~~ hours Native of Maryland Occupation _____

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Thomas Johnson Mother's Name Lucy (Knott) Johnson

Cause of Death: Primary Infantile Unknown 161 ~~How long sick~~

Immediate

Accident, Suicide, Homicide

Reported by Louisa Fiveleter Midwife

Address Upper Marlboro. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85555

Neme in Full Joseph A. Miles

Certificate of Death

Town

Died at

County

St. George MARYLAND

Month Day Y. M. D. | Native of | Occupation

Date 189 8 12 — 14 Age

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husbend of

Wife

Father's Neme

Mother's Name

145 E

Cause of Death: Primary — Kicked by a horse — How long sick

Immediete

Accident, Suicide, Homicide

Reported by Salisbury Advertiser

Address [redacted] 12-17

Must be signed by physician, if any in ettendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Joseph Mullineaux

Certificate of Death

Died at Olivers Town P. G. County MARYLAND

Date 189 Month Dec, Day 25 | Age Y. 20 M. 4 D. 5 | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name William Mullineaux | Mother's Name 161

Cause of Death: Primary Inflammation of Bowels | How long sick About 1 week

Immediate Cause of death not known | Accident, ~~Suicide~~, ~~Homicide~~

Reported by John L. Waringstreet

Address Olivers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Jersey

Attended by Dr. J. A. Cook
of J. Liberning.

Information contained in this certificate was received from Judge Liberning, M. D.
of Christine — Neck.

Name in Full — Certificate of Death

Henrietta M. Norcum

Died at Laurel (Town) Prince Geo. Co. (County) MARYLAND

Date 189 8/ Month Dec. Day 15 — Age Y. 53 M. — D. — Native of North Carolina — Occupation Tailoress

~~Male~~ — White — ~~Married~~ — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living One

~~Husband~~ Wife of Jas. Norcum

Father's Name — Sugars — Mother's Name ———

Cause of Death — Primary: Tuberculosis 22a — How long sick: One year

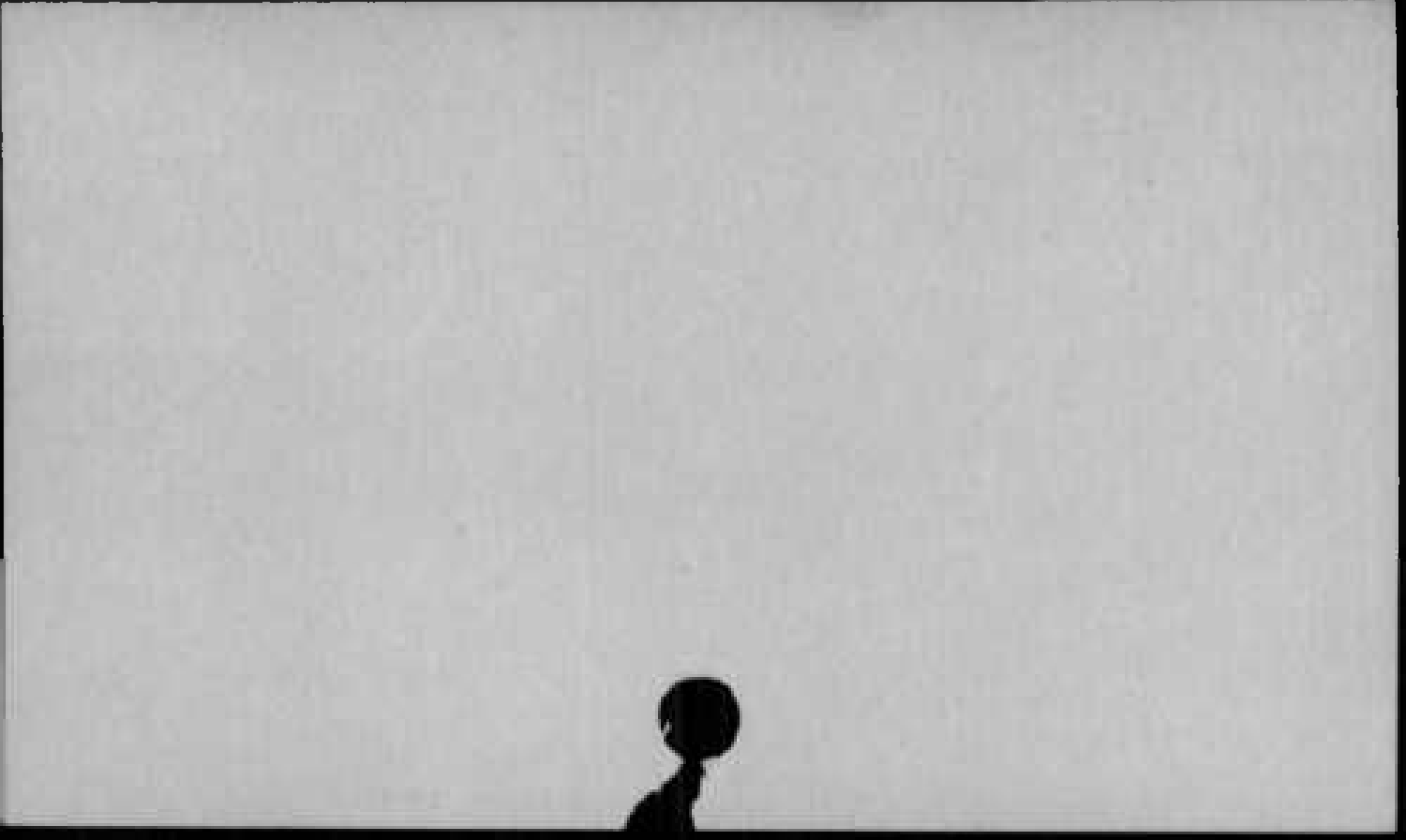
Immediate: Exhaustion — ~~Accident~~, Suicide, ~~Homicide~~

Reported by W. F. Taylor M.D.

Address Laurel Md.

Must be signed by physician, if any in attendance, otherwise by [illegible]er, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Hugh Pinchett

Died at Town: Cheltenham House Reformation County: P.G. Co. MARYLAND

Date 1895 Month: Dec Day: 1 | Age Y.: 15 M.: - D.: | Native of: md | Occupation: Inmate

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

1529

Father's Name: Hugh Pinchett

Mother's Name: Mariah Shields

Cause of Death: Primary: Wound of groin by hog | How long sick: 15 minutes

Immediate: Hemorrhage | Accident, ~~Suicide, Homicide~~

Reported by: Dr W.H. Gibbons

Address: Lerown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full

Certificate of Death

Bertha E Slater.

Died at Laurel (Town) Pr Geo (County) MARYLAND

Date 189[illegible] Month Dec Day 16 | Age Y. 1 M. 3 D. 20 | Native of Md. | Occupation Babe.

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Thatcher Slater

Mother's Name Sophia Slater

Cause of Death: Primary Whooping Cough

How long sick 10 days

Immediate Croup

Accident, Suicide, Homicide

Reported by J R Hutchs MD.

Address Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Kingsome Summers — Certificate of Death

Town — County — MARYLAND

Died at New Windsor — Carroll Co.

Date 1898 — Month Dec — Day 22 — Age Y. 1 M. — D. 2 — Native of Maryland — Occupation Nursing

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name Ludistka Summers — Mother's Name Mary Regina Summers

Cause of Death — Primary: Membranous Croup 96 — How long sick 16 hours

Immediate: Asphyxia — ~~Accident, Suicide, Homicide~~

Reported by W. R. Latimer

Address Agnasco Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Not known Tapscott

Certificate of Death

Died at Town Clinton County Pr. Geo's MARYLAND

Date 1898 Month Day Dec 14th | Age Y. 40 M. D. | Native of Md | Occupation +

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living ~~—~~

Husband of 4 + | Wife —

Father's Name John Tapscott | Mother's Name Nina Tapscott

Cause of Death: Primary —

Immediate Not Known. Found dead 16

How long sick

Accident, Suicide, Homicide

Reported by John L. Waring W.S.T. Scott Armstrong

Address Clinton T Forestville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full — Certificate of Death

Amelia Silghman

Died at Westphalia — Town — Prince Geo's County — MARYLAND

Date 189 5 — Month Dec — Day 26 — Age Y. 15 M. — D. —

Native of Md — Occupation housework

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number ~~of children living~~

~~Husband of Wife~~

Father's Name Jake Silghman — Mother's Name Eliz Silghman

Cause of Death — Primary Measles 5 — How long sick 6 days

Immediate Pneumonia — ~~Accident Suicide Homicide~~

Reported by John E Lawler

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Charles Dillman

Certificate of Death

Died at Town Withbala County Prince Geo MARYLAND

Date 189 8 Month Dec Day 4 Age Y. 22 M. D. Native of Md Occupation Farmer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Louise Dillman

Father's Name Nace Dillman Mother's Name Clo Dillman

Cause of Death: Primary Blow on head. How long sick 48 hrs

Immediate Paralysis 152 a ~~Accident Suicide Homicide~~

Reported by John E Saulsbury M. D.

Address Forestville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Not-baptised White

Certificate of Death

Died at Town Clinton County P. G. Co MARYLAND

Date 1898 Month Dec, Day 17 Age Y. + M. + D. + Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife X

Father's Name Lee White Mother's Name Nellie White

Cause of Death: Primary Childbirth - Hydrocephalus, + How long sick

Immediate Puncture wound in de[illegible] ~~Accident~~ ~~Suicide~~ Homicide

Reported by J. L. Waring 137

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John Thomas Wood.

Died at Woodville (Town) Pr. Geo's (County) MARYLAND

Date 189 8 | Month Dec | Day 8 | Age Y. 83 M. 0 D. 15 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

~~Husband~~ Wife of 57

Father's Name John Thomas Wood

Mother's Name Eliza Sullivan

Cause of Death: Primary Organic Heart disease — How long sick several months

Immediate Aortic regurgitation — ~~Accident, Suicide, Homicide~~

Reported by E. Morton Brown M. D.

Address Aquasco Pr. Geo's. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068